

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013366

FILED MAY 1 1959

Registration District No.

149

Primary Registration District No.

1002

STATE FILE NUMBER 1327
Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Chariton)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		c. CITY Triplett OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Luke's Hosp INSTITUTION		d. STREET (If outside, give location) ADDRESS R.F.D.	
3. NAME OF DECEASED (Type or print) MAE		4. DATE OF DEATH Month 4 Day 10 Year 59	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 25-1893
10a. USUAL OCCUPATION (Give kind of work done if not part of work life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Amboy, Illinois	
10b. KIND OF BUSINESS OR INDUSTRY Own Home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John E. Bail		13b. MOTHER'S MAIDEN NAME Mary MacNearney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Clifford Johnson, Triplett, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hodgkins Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal bronchopneumonia 201x		INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Triplett, Mo.	
21. I attended the deceased from 23 Feb 59 to 10 APR 59 and last saw her alive on 10 APR 59 Death occurred at 6:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John F. McDonnell M.D.	
22b. ADDRESS 315 Nichols Road Kansas City 12, Missouri		22c. DATE SIGNED 11 APR 59	
23a. PORTAL CREATION (Specify)	23b. DATE 4-13-59	23c. NAME OF CEMETERY OR CREMATORY McCullough Cemetery	23d. LOCATION (City, town, or county) Triplett, Mo.
24. FUNERAL DIRECTOR Wagner Funeral Home K C Mo		25. DATE RECD. BY LOCAL REG. 4-11-59	
26. REGISTRAR'S SIGNATURE Neva Minshall			

John F. Mc Donnell use only black ink or ribbon TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address H. E. Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.